

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> 03981/0203467-USO	
<b>Application Number</b> 10/552,610-Conf. #6340		<b>Filed</b> September 14, 2006	
<b>For</b> CYP2S1 AS TARGET FOR DIAGNOSIS AND THERAPY OF SKIN DISEASES			
<b>Art Unit</b> 1652		<b>Examiner</b> Y. D. Pak	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$130	\$65                      \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$490	\$245                      \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1110	\$555                      \$ 555.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1730	\$865                      \$ _____
<input type="checkbox"/>		\$2350	\$1175                      \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> .			
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,190</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
<u>Shelly M. Fujikawa</u> Signature		<u>November 14, 2008</u> Date	
Shelly M. Fujikawa		(206) 262-8916	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			